



DRIVER APPLICATION

155 Enterprise Drive / Wentzville, MO 63385

Telephone: (636) 875-5000 / FAX: (314) 627-0699 / Toll Free: (888) 868-2911

www.rapidresponsestl.com

___ Company Driver (Local)

___ Company Driver (OTR)

___ Owner/Operator (O/O)

In compliance with Federal and State Equal Employment Opportunity laws, qualified applicants are considered for all positions without regard to race, color religion, sex, national origin, age, marital status, or non-job-related disability.

Answer all questions completely – Please Print

Date of Application: _____

Name: _____ Date of Birth: _____
Last First

Social Security #: _____ Drivers License #: _____ State: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Current Address: _____
Street Address

City State Zip Code

How Long at Current Address? _____ (If less than 5 years, please list previous address)

Previous Address: _____
Street Address

City State Zip Code

E-Mail Address: _____

Are you currently employed? _____ If not, how long since leaving employment? _____

Why? _____

Who referred you? _____ Rate of pay expected? _____

Do you have the legal right to work in the United States? _____

Have you ever worked for this company before? _____

Dates: From: _____ To: _____ Position: _____

If so, reason for leaving: _____

Is there any reason you might be unable to perform the functions of the job for which you have applied?

If yes, please explain: _____

Employment History – MUST PROVIDE 10 YEAR WORK HISTORY WITH NO GAPS

All applicants to a drive Commercial Motor Vehicle in interstate commerce must provide the following information on all employers during the preceding **3 years**. List complete mailing address, street number, city, state and zip code. Applicants to drive a Commercial Motor Vehicle in intrastate commerce shall also provide an **additional 7 years** information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order **starting with the most recent**. Add additional sheets as necessary.)

Employer:		From:	To:
Address:			
City:		State:	Zip Code:
Phone #:	Fax #:	Contact Person:	
Position Held:		Salary / Wage:	
Reason for Leaving:			
Were you subject to the FMCSRs while employed?		Yes ___ No ___	
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?		Yes ___ No ___	

Employer:		From:	To:
Address:			
City:		State:	Zip Code:
Phone #:	Fax #:	Contact Person:	
Position Held:		Salary / Wage:	
Reason for Leaving:			
Were you subject to the FMCSRs while employed?		Yes ___ No ___	
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?		Yes ___ No ___	

Employer:		From:	To:
Address:			
City:		State:	Zip Code:
Phone #:	Fax #:	Contact Person:	
Position Held:		Salary / Wage:	
Reason for Leaving:			
Were you subject to the FMCSRs while employed?		Yes ___ No ___	
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?		Yes ___ No ___	

†The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

Additional Employment History

Employer:		From:	To:
Address:			
City:		State:	Zip Code:
Phone #:	Fax #:	Contact Person:	
Position Held:		Salary / Wage:	
Reason for Leaving:			
Were you subject to the FMCSRs while employed?		Yes ___ No ___	
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?		Yes ___ No ___	

Employer:		From:	To:
Address:			
City:		State:	Zip Code:
Phone #:	Fax #:	Contact Person:	
Position Held:		Salary / Wage:	
Reason for Leaving:			
Were you subject to the FMCSRs while employed?		Yes ___ No ___	
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?		Yes ___ No ___	

Employer:		From:	To:
Address:			
City:		State:	Zip Code:
Phone #:	Fax #:	Contact Person:	
Position Held:		Salary / Wage:	
Reason for Leaving:			
Were you subject to the FMCSRs while employed?		Yes ___ No ___	
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?		Yes ___ No ___	

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Address:			
City:		State:	Zip Code:
Phone #:	Fax #:	Contact Person:	
Position Held:		Salary / Wage:	
Reason for Leaving:			
Were you subject to the FMCSRs while employed?			Yes ___ No ___
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?			Yes ___ No ___

Employer:		From:	To:
Address:			
City:		State:	Zip Code:
Phone #:	Fax #:	Contact Person:	
Position Held:		Salary / Wage:	
Reason for Leaving:			
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Address:			
City:		State:	Zip Code:
Phone #:	Fax #:	Contact Person:	
Position Held:		Salary / Wage:	
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Education

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 9 High School: 1 2 3 4 College: 1 2 3 4 Other:

(Please include all driving schools): _____

Last School Attended: _____

(Name)

(City)

(Graduation Date)



Experience and Qualifications – Drivers

Please List all Drivers Licenses held within the last 3 years:

State	License No.	Type	Expiration

Please List all Accidents for the last 3 years:

Date	Nature of Accident (Head-On, Rear-End, Upset, etc.)	Injuries or Fatalities?	Est. Cost over \$1,000

Please List all Traffic Convictions and/ or Forfeitures for the past 3 years (other than parking). If NONE, write NONE:

Date	Location	Charge	Penalty

Experience and Qualifications – Drivers (cont.)			
1.	Have you ever been denied a license, permit or privilege to operate a motor vehicle?	Yes	No
	If yes, please explain	Date:	
2	Has any license, permit or privilege ever been suspended or revoked in the last 5 years?	Yes	No
	If yes, please explain	Date:	
3	Have you ever or are you currently under investigation or arraignment of felony or misdemeanor charge(s)?	Yes	No
	If yes, please explain	Date:	
	If yes, was Commercial Motor Vehicle involved?	Yes	No
4	Have you ever failed or refused to submit to DOT regulated Drug or Alcohol screening?	Yes	No
	If yes, please explain	Date:	
	If yes, was a Substance Abuse Program (SAP) completed	Yes	No

Driving Experience (If NONE, write NONE)

Type	Type of Equipment (Van, tanker, reefer, flat, etc.)	Dates (From / To)	Appx. Number Of Miles
Straight Truck			
Tractor & Semi-Trailer			
Tractor & Doubles			
Motor Coach– School Bus			
Other			

List all states operated in for the last 5 years: _____

Did you attend truck driving school and/ or receive initial training by a carrier? _____

If yes, please list carrier: _____

Did you receive any Safe Driving awards? _____

If yes, please list: _____

Disclosures

(Please initial the right column on the line next to each disclosure)

Initial here

Multiple Employers

I understand that once I become employed with this company, if I begin working for any additional employer(s) for compensation that I must inform this company immediately of such employment activity.

Check of Driving Record

The Applicant is hereby informed that the MVR will be obtained for the purpose of investigation as required by Sections 391.23 and 391.25 of the FMCSRs. The furnisher is released from any and all liability, which may result from furnishing such information.

Fair Credit Reporting Act Disclosure Statement

In accordance with the provisions of Section 604 (B)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23 and 391.25 of the FMCSRs.

TO BE READ AND SIGNED BY THE APPLICANT

This certifies that I have completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

I authorize you to make such investigation and inquire of my personal, employment, medical history, and/or motor vehicle reports containing driving history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries, regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquire and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the company.

Signature of Applicant

Date



PREVIOUS EMPLOYMENT VERIFICATION REQUEST

RAPID RESPONSE, INC.

155 Enterprise Drive

Wentzville, MO 63385

Telephone: (636) 875-5000 / FAX: (314) 627-0699 / Toll Free: (888) 868-2911

TO: Company Name _____ Fax: _____

The below named individual has made application to **Rapid Response, Inc.** for a position as Truck Driver and states that he/ she was employed by you as:

Printed name: _____ SS# _____

Position: _____ From: _____ To: _____

We appreciate your time in completing the information requested below. Any information you provide will be kept in strict confidence. Thank you for your prompt reply.

Please fax completed form back to 314-627-0699 OR email: HR@rapidresponsestl.com

TO BE COMPLETED BY PREVIOUS EMPLOYER:

Period(s) of service details: Start Date 1 _____ End Date 1 _____ Position _____

Start Date 2 _____ End Date 2 _____ Position _____

Driver class:	Type:	Truck:	Subject to FMCSRs?	Subject to DOT D&A?
Company _____	Solo _____	Tractor-Trailer _____	Yes _____	Yes _____
Lease _____	Team _____	Straight Truck _____	No _____	No _____
Own/Op _____	Student _____	Tanker _____		
Other _____	Other _____	Other _____		

Eligible for rehire?	Experience:	Responsible for maintaining logs?	Area driven:
Yes _____	Flatbed _____	Yes _____	OTR _____
No _____	Van _____	No _____	Regional _____
	Reefer _____		Local _____
	Intermodal _____		Other _____
	Snow/Ice _____		
	Tanker _____		# of states driven _____
	Other _____		

Terminated/Discharged?
 Yes _____
 No _____

Loads Hauled: _____

Trailer Length: _____

Accidents: If none, check # Preventable: _____ # Non-Preventable: _____ # DOT Reportable: _____

(If more space is needed, please attach additional sheet)

Date	City, State / Description	# Fatalities	# Injuries	Hazmat?	Preventable?

DRUG & ALCOHOL

In the three (3) years prior to the date of the employee's signature on the following release, for DOT-regulated testing:

- | | <u>YES</u> | <u>NO</u> |
|---|--------------------------|--------------------------|
| 1. Did the employee have alcohol tests with a result of 0.04 or higher? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Did the employee have verified positive drug tests? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Did the employee refuse to be tested? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Did a previous employer report a drug and alcohol rule violation to you? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. If "yes" on any of the above items, did the employee complete the return-to-duty process? N/A_____ | <input type="checkbox"/> | <input type="checkbox"/> |

NOTE: *If you answered "yes" to item 5, you must provide the previous employer's report.
If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g. SAP report(s), follow-up testing record, etc.)*

Report completed by (signature)	Title	Date	Phone
Printed name	Email		Company DOT

DOT DRUG AND ALCOHOL RELEASE

In accordance with DOT Regulation 49 CFR Part 391.23, I authorize the release of information from my DOT regulated drug and alcohol testing records by the carriers (company/school) listed above to HireRight (formerly USIS) for the sole purpose of transmitting such records to Rapid Response, Inc. I authorize release of the following information concerning DOT drug and alcohol testing violations including pre-employment tests during the past three years: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including verified adulterated or substituted results); (iv) other violations of DOT drug and alcohol testing regulations; (v) information obtained from previous employers of a drug and alcohol rule violation(s); and (vi) documents, if any, of completion of a return-to-duty process following a rule violation.

I hereby authorize, without liability, any person or organization whose name I have given as a reference, or by whom I have been previously employed or contracted with, to furnish Rapid Response, Inc. any information they may have concerning my safety performance, all accidents, including those defined in 390.5 of FMCSR, all drug and alcohol testing violations (in compliance with 49 C.F.R. Sections 382 sub part B, 382.405, 382.413, 391.89, 392.4, 392.5, 40.37 and 40.81 (1), refusals or completed rehabilitations, character, habits, ability, financial responsibility, job performance or other work-related characteristics, reason for leaving employment/lease and all information concerning my employment/lease. I hereby release all such persons and organizations from any claims for damages of any kind which may occur to be my reason of furnishing such information.

The information that I have authorized HireRight to review involves tests required by DOT. If any carrier (company/school) listed above furnishes HireRight with information concerning items (i) through (vi) above, I also authorize that carrier (company/school) to release and furnish the dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the three year period and the name and phone number of any substance abuse professional who evaluated me during the past three years.

*I hereby authorize you to release the aforementioned information, including Drug & Alcohol testing, to **Rapid Response, Inc.** for the purpose of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability, which may result from furnishing such information.*

Applicants Signature: _____ **Date:** _____

Applicant Printed Name: _____ **SSN:** _____



DRIVER VIOLATION AND REVIEW RECORD

DRIVERS NAME: _____ **SSN:** _____

I. CERTIFICATION OF VIOLATIONS:

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.

Date	Offense	Location	Type of Vehicle Operated
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months.

 (DATE OF CERTIFICATION) (DRIVER'S SIGNATURE)

RAPID RESPONSE 155 ENTERPRISE DR WENTZVILLE MO 63385

 (MOTOR CARRIER'S NAME) (MOTOR CARRIER'S ADDRESS)

 (REVIEWED BY SIGNATURE) (TITLE)

II. REVIEW AND EVALUATION OF DRIVER'S RECORD:

In accordance with Section 391.25, Federal Motor Carrier Safety Regulation, all information pertinent to the above driver's safety of operations, including the list of violations furnished by him in accordance with Section 391.27, has been reviewed for the past 12 months.

Action Taken:

RAPID RESPONSE 155 ENTERPRISE DR WENTZVILLE MO 63385

 (MOTOR CARRIER'S NAME) (MOTOR CARRIER'S ADDRESS)

 (REVIEWED BY SIGNATURE) (TITLE) (DATE)

**IMPORTANT DISCLOSURE
REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service***

In connection with your application for employment with **RAPID RESPONSE, INC.** ("Prospective Employer"), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize **RAPID RESPONSE, INC.** ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report. I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature

Name (please print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

LAST UPDATED 12/22/2015



**DISCLOSURE AND AUTHORIZATION REGARDING BACKGROUND INVESTIGATION
FOR EMPLOYMENT PURPOSES**

Disclosure

RAPID RESPONSE, INC. (the "Company") may request from a consumer reporting agency and for employment-related purposes, a "consumer report(s)" (commonly known as "background reports") containing background information about you in connection with your employment or application for employment (including independent contractor or volunteer assignments, as applicable).

The background report(s) may contain information concerning your character, general reputation, personal characteristics, mode of living, or credit standing. The types of background information that may be obtained include, but are not limited to: criminal history; litigation history; motor vehicle record and accident history; social security number verification; address and alias history; credit history; verification of your education, employment and earnings history; professional licensing, credential and certification checks; drug/alcohol testing results and history; military service; and other information.

Authorization

I hereby authorize Company to obtain the consumer reports described above about me.

Applicant Signature _____ Date _____

Printed Name _____

Date of Birth: _____ Social Security #: _____

Drivers License #: _____

Address: _____

City/State/zip: _____

Phone: _____

*****Please provide a copy of your driver's license with this signed form*****

HireRight, Inc. ("HireRight") will prepare or assemble the background reports for the Company. HireRight is located and can be contacted at 3349 Michelson Drive, Suite 150, Irvine, CA 92612, (800) 400-2761, www.hireright.com.